

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR	618155	09/449077
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		61691	1-7-80

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	3/16/81
2	✓	✓	3/16/81
3	✓	✓	3/16/81
4	✓	✓	3/16/81
5	N	N	A
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11	✓	✓	
12	N	N	N
13	X	V	V
14	V	V	V
15	✓	✓	V
16	N	N	N
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23	N	N	V
24	X	V	V
25	N	N	N
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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